

Office of Health Care Assurance

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name: Island Living ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 92-1269 Umena Street, Kapolei, Hawaii 96707</b>	<b>Inspection Date: January 8, 2020 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b>  Resident #1, primary care giver (PCG) filed completed written agreement (GOP). However, GOP dated 9/24/19, after resident admission to the facility. I.e.,</p> <ol style="list-style-type: none"> <li>1. Hospital document reads discharge on 9/23/19.</li> <li>2. ARCH register reads admission on 9/22/19.</li> </ol>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (c)  A written agreement shall be completed at the time of admission between the licensee or primary care giver of the ARCH or expanded ARCH and the ARCH or expanded ARCH resident and the ARCH or expanded ARCH resident's family, legal guardian, surrogate or responsible agency that sets forth that resident's rights, the licensee or primary care giver of the ARCH or expanded ARCH responsibilities to that resident, the services which will be provided by the licensee or primary care giver of the ARCH or expanded ARCH according to that resident's schedule of activities or care plan, and that resident's responsibilities to the licensee or primary care giver of the ARCH or expanded ARCH.</p> <p><b><u>FINDINGS</u></b>  Resident #1, primary care giver (PCG) filed completed written agreement (GOP). However, GOP dated 9/24/19, after resident admission to the facility. I.e.,</p> <ol style="list-style-type: none"> <li>1. Hospital document reads discharge on 9/23/19.</li> <li>2. ARCH register reads admission on 9/22/19.</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will carefully review pertinent document like admission form ,for Dates, signature ,GOP, register record for accuracy of information in all admission/ transfer to Island Living ARCH/EARCH.</p>	<p>2/15/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> No evidence of physical examination documentation for the following substitute care giver (SCG)s:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 2, 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your plan of correction (POC).</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Licensee/ PCG obtained the Physical Examination record from respective SCG ,a copy of signed document. Copy submitted to DOH for compliance.</p>	<p>3/4/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> No evidence of physical examination documentation for the following substitute care giver (SCG)s:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 2, 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will make sure newly hire care giver will have the PE submitted before start of service. Annual requireme ts will be completed before anniversary date</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> No evidence of initial and annual tuberculosis clearance documentation for the following SCGs:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 2, 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Licensee/ PCG obtained the initial and Annual TB Clearance record from respective SCG ,a copy of signed document. Copy submitted to DOH for compliance.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> No evidence of initial and annual tuberculosis clearance documentation for the following SCGs:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 2, 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will make sure newly hire care giver will have initial and TB clearance submitted before start of service. Annual requirements will be completed before anniversary date.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> No evidence of first aid certificate for the following SCGs:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Licensee/ PCG obtained the copy of first aid certificate from respective SCG , Copy submitted to DOH for compliance..</p>	<p>3/4/2020</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b><u>FINDINGS</u></b> No evidence of first aid certificate for the following SCGs:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will make sure newly hire care giver will have first aid certificate submitted before start of service. Annual requirements will be completed before anniversary date.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> No evidence of primary care giver training documentation for the following:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Licensee/ PCG provided/observed skilled training to SCG on a contingency basis due the SCG schedule. Copy of training record submitted to DOH for compliance..</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> No evidence of primary care giver training documentation for the following:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will make sure all SCG will complete Annual requirements before annual inspection</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> No evidence of cardiopulmonary resuscitation certificate documentation for the following:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Licensee/ PCG obtained a copy of current CPR from respective SCG. Copy submitted to DOH for compliance .</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b> No evidence of cardiopulmonary resuscitation certificate documentation for the following:</p> <ol style="list-style-type: none"> <li>1. SCG # 3, 4 – PCG list for leave (6/10-6/28/19) plan</li> <li>2. SCG # 5, 7, 8, 9 – PCG reports new SCGs</li> <li>3. SCG # 10 - PCG reports 1/8/20 night time SCG</li> <li>4. SCG # 6 –PCG reports services stopped in 2019</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will make sure all SCG will complete Annual requirements before annual inspection</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><b><u>FINDINGS</u></b> Resident#1, GOP agreement does not describe policies and procedures for services rendered. I.e., Family signed GOP describing adult residential care home (ARCH) services; however, resident is receiving expanded ARCH services.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Reviewed and revised General Operational Policies and Agreement. Added Services rendered, "Island Living ARCH/ Expanded ARCH".</p>	<p>2/15/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><b><u>FINDINGS</u></b> Resident#1, GOP agreement does not describe policies and procedures for services rendered. I.e., Family signed GOP describing adult residential care home (ARCH) services; however, resident is receiving expanded ARCH services.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Licensee / PCG will provide a copy of newly revised GOP Agreement. Upon admission to the facility the GOP Agreement, Financial Statement will be discuss with resident or guardian, Sign and dated. Copy of GOP Agreement will be given to the family guardian .</p>	<p>2/15/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Inappropriate thermometer to maintain temperature for the resident refrigerator. i.e., Temperature reads, 50°. However, temperature with a borrowed thermometer reads, 43°.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Licensee bought new refrigerator thermometer and discard the old thermometer.</p>	<p>3/4/2020</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Inappropriate thermometer to maintain temperature for the resident refrigerator. i.e., Temperature reads, 50°. However, temperature with a borrowed thermometer reads, 43°.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/ SCG will check refrigerator thermometer weekly, make sure temperature reading is accurate .</p>	<p>3/4/2020</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer for checking cold temperatures.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>SCG will check metal steam thermometer with refrigerator thermometer weekly and document on thermometer log book</p>	<p>3/4/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Bedroom #2, medication unsecured on table. I.e. "Clobetol 0.05% topical solution" and "Ketoconazole 2% Shampoo."</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG removed prescribed treatment solution Ketoconazole shampoo and Clobetol scalp treatment and place at secured medication cabinet.</p>	<p>1/10/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Bedroom #2, medication unsecured on table. I.e. "Clobetsol 0.05% topical solution" and "Ketoconazole 2% Shampoo."</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All SCG's was instructed by the Licensee to keep prescribed treatment solution in the medication cabinet at all times when not in use.</p>	<p>1/10/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1, no clarification requested for dosage order "<u>Omeprazole</u> 1 tab QD." Label for this incomplete order placed on a bottle of OTC "<u>Acid Control Famotidine.</u>"</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG clarify medication incomplete order . New order obtained from PCP Omeprazole 20mg 1 tab PO daily.</p>	<p>1/10/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1, no clarification requested for dosage order "Omeprazole 1 tab QD." Label for this incomplete order placed on a bottle of OTC "<u>Acid Control Famotidine.</u>"</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will make sure to check medications given by the family against medication admission sheet and will verify medication order with admitting physician.</p>	<p>1/10/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, order reads, "Levothyroxine 75 mcg Take ½ tablet by mouth every morning before meal." However, medication administration record (MAR) reads time for medication 7 am. Breakfast served between 6:30 am and 7:30 am. MAR reflects medication given during breakfast.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG corrected MAR by changing the time from 7:00 AM to 6:AM administration to reflect Levothyroxine taken before breakfast.</p>	<p>3/4/2020</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, order reads, "Levothyroxine 75 mcg Take ½ tablet by mouth every morning before meal." However, medication administration record (MAR) reads time for medication 7 am. Breakfast served between 6:30 am and 7:30 am. MAR reflects medication given during breakfast.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/SCG will make sure resident take medicine on time designated 6:00am before breakfast.</p>	3/4/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1, order, "Levothyroxine 75 mcg Take ½ tablet by mouth every morning before meal." Instructions not on MAR. I.e., MAR reads, "Levothyroxine 75 mcg ½ tab po."</p> <p>Please submit documentation with your POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG corrected MAR added the instruction on the MAR for Levothyroxine as of January 15/2020.</p>	



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1, "Acetaminophen 325 mg" expired 12/20/2019 yet secured with current medications.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG discard the expired bottle of Acetaminophen</p>	1/10/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1, "Acetaminophen 325 mg" expired 12/20/2019 yet secured with current medications.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/SCG will check all Medication for expiration date at the end of the month.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (m)</b>  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1, order (11/6/19 and 12/21/19) reads, "Vit B 12 500 mg I QD". However, no evidence of documentation for the medication on the November or December 2019 MAR.</p> <p>Please submit documentation with your POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>November and December MAR was reviewed , Vitamin 12 was missed on the print out sheet and Vit 12 was added on to the list of medication with proper documentation</p>	<p>1/10/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (m)</b>  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b>  Resident #1, order (11/6/19 and 12/21/19) reads, "Vit B 12 500 mg I QD". However, no evidence of documentation for the medication on the November or December 2019 MAR.</p> <p>Please submit documentation with your POC.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will review MAR monthly to ensure that no medication is omitted when copying the medication sheet print out.</p>	1/10/2020

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p><b>§11-100.1-17 Records and reports. (a)(3)</b>  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b><u>FINDINGS</u></b>  Resident #1, Resident Emergency Information form dated 9/24/19 is incomplete and not up to date as follows:</p> <ol style="list-style-type: none"> <li>1. Incomplete medical history. I.e., Reads, "Benign Essential Hypertension &amp; Urinary Tract Infection."</li> <li>2. Medications list outdated.</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG reviewed the chart and updated the Resident Emergency Information Record.</p>	<p>3/4/2020</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <b>Records and reports.</b> (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b><u>FINDINGS</u></b> Resident #1, Resident Emergency Information form dated 9/24/19 is incomplete and not up to date as follows:</p> <ol style="list-style-type: none"> <li>1. Incomplete medical history. I.e., Reads, "Benign Essential Hypertension &amp; Urinary Tract Infection."</li> <li>2. Medications list outdated.</li> </ol> <p>Please submit documentation with your POC.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/SCG will review and update every time there will be change of medication order or pertinent information.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, diet order reads, "regular diet 1500 ml fluid restriction." No evidence of documentation for resident's response to this order or documentation of fluid intake.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, diet order reads, "regular diet 1500 ml fluid restriction." No evidence of documentation for resident's response to this order or documentation of fluid intake.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/SCG will document on the monthly progress s note the outcome of nutritional as well as restrictive fluid intake .</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Monthly weights, four (4) residents present. PCG reports Resident #4 is on respite since October 2019; however, no record of monthly weight or record available for review.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Monthly weights, four (4) residents present. PCG reports Resident #4 is on respite since October 2019; however, no record of monthly weight or record available for review.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Respite resident weight was documented on resident note as well as monthly Height and weight record on Island Living II/EARCH were he was a resident. PCG will transfer document of respite resident to current facility he/she resides.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  No evidence of incident reports related to the following:</p> <ol style="list-style-type: none"> <li>1. Discharged Resident #1, EMS transport on 9/2/19</li> <li>2. Resident #1, progress notes read, "fell when out with family 10/25/19, taken to ER for evaluation and admitted for observation." Returned 10/26/19.</li> </ol>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c)  Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b><u>FINDINGS</u></b>  No evidence of incident reports related to the following:</p> <ol style="list-style-type: none"> <li>1. Discharged Resident #1, EMS transport on 9/2/19</li> <li>2. Resident #1, progress notes read, "fell when out with family 10/25/19, taken to ER for evaluation and admitted for observation." Returned 10/26/19.</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/SCG will initiate incident/unusual occurrence report form on any incident happen with the resident .</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> Resident #1, no legend to explain initials used as follows:</p> <ol style="list-style-type: none"> <li>1. No legend on the MAR to identify person making medication available.</li> <li>2. No legend on the fire drills to identify resident participants. No name in register for IF and HT.</li> </ol>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG Will make sure the Legend will be used to document the participant name for identification .</p>	<p>3/4/2020</p>



	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b><u>FINDINGS</u></b> No legend to explain initials used as follows:</p> <ol style="list-style-type: none"> <li>1. Resident #1, no legend on the MAR to identify the person making medication available.</li> <li>2. Fire Drill Record, no legend to identify resident participants. No name in register for IF and HT.</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG/SCG will make sure the legend will be utilize to document information properly.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> No legend to explain initials used as follows:</p> <ol style="list-style-type: none"> <li>1. Resident #1, no legend on the MAR to identify the person making medication available.</li> <li>2. Fire Drill Record, no legend to identify resident participants. No name in register for IF and HT.</li> </ol>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG added the Legend to the <b>MAR form</b> to identify the care giver who administer medication.</p> <p>PCG <b>update fire Drill form</b> added Legend to the bottom of the form for documentation of participants name.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Permanent register was not maintained as follows:</p> <ol style="list-style-type: none"> <li>1. Three (3) listed on register while four (4) residents present. PCG states fourth began respite, 10/2019.</li> <li>2. Resident #1, admission date 9/22/2019 listed differs from hospital discharge date 9/23/2019.</li> </ol>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will make sure that Resident Register Form will be reviewed after admission or transfer from other facility to ensure correct date is documented.</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b> Resident#1, financial agreement signed on 9/24/19 one day after admission.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>20 SEP 24 10:23</p>	

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p><b><u>FINDINGS</u></b> Resident#1, financial agreement signed on 9/24/19 one day after admission.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG will make sure on admission day that all necessary form will be sign and dated correctly. ie, GOP, Resident Financial Statemen.t</p>	<p>3/4/2020</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> Licensed capacity for two (2) wheelchairs. Facility exceeds maximum of two (2) non-self preserving (NSP) residents with three (3) residents requiring wheelchairs as follows:</p> <ol style="list-style-type: none"> <li>1. Resident #1, certified as NSP on 9/22/19. Monthly progress notes read "wheelchair".</li> <li>2. Resident #2, Observed in wheelchair during annual inspection. Certified as Self-Preserving on 2/27/19.</li> <li>3. Resident #3, Observed in wheelchair during annual inspection. Certified as NSP on 2/13/19.</li> </ol> <p>For Resident #2, please request a new self-preservation certificate. Submit evidence for compliance with your POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG called PCP to make appointment for assessment of resident self preservation. As soon the physician can see the resident PCG will submit a copy of the result.</p>	<p>3/4/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b><u>FINDINGS</u></b> Licensed capacity for two (2) wheelchairs. Facility exceeds maximum of two (2) non-self preserving (NSP) residents with three (3) residents requiring wheelchairs as follows:</p> <ol style="list-style-type: none"> <li>1. Resident #1, certified as NSP on 9/22/19. Monthly progress notes read "wheelchair".</li> <li>2. Resident #2, Observed in wheelchair during annual inspection. Certified as Self-Preserving on 2/27/19.</li> <li>3. Resident #3, Observed in wheelchair during annual inspection. Certified as NSP on 2/13/19.</li> </ol> <p>For Resident #2, please request a new self-preservation certificate. Submit evidence for compliance with your POC</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>PCG with unusual findings during assessment that reflect no change physical status PCG will refer to PCP for further evaluation for self-preserving</p> <p>EC 11 16 PM 02</p>	<p>3/4/2020</p>

Licensee's/Administrator's Signature: Teresita Ocaño

Print Name: TERESITA OCAÑO

Date: March 30, 2020

ST. LOUIS  
MISSOURI

2020 MAR 30